

KODA LAW OFFICE
8070 E. Mill Plain Blvd, No. 141
Vancouver, Washington 98664-2002

Atty. Docket No. BA1.P25

Date May 25, 2004

In re application of Clinton L. Ballard

Serial No. 09/637,467

Filed: August 11, 2000

Group Art Unit: 2137



I hereby certify that this is being deposited with
the United States Postal Service as first class
Mail in an envelope addressed to: Commissioner
for Patents, Alexandria, VA 22313-1450
on May 25, 2004 (Date of Deposit)

By Steven P. Koda
Steven P. Koda

For: Limiting Receiver Access to Secure Read-Only communications Over a Network

COMMISSIONER FOR PATENTS
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an "Amendment" for the above-identified application.

☐ Enclosed is a petition to extend the time to respond.

☒ Small entity status under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.

☐ A verified statement to establish small entity status under 37 CFR 1.9 and 37 CFR 1.27 is enclosed.

☒ Two marked-up sheets and 3 sheets of formal drawings

☐

The filing fee has been calculated as shown below:

	(Col. 1) Claims After Amendment		(Col. 2) No. Paid Before	(Col. 3) No. Extra
Total	* <u>-29-</u>	Less	** 30	<u>-0-</u>
Indep	* <u>-05-</u>	Less	*** 3	<u>-2-</u>

☐ First Time Mult. Dep. Claims
Other

SMALL	ENTITY
Rate	Add. Fee
x 09	\$ --
x 43	\$ <u>86</u>
+ 145	\$ --
Total	\$ <u>86</u>

	Other than a SMALL	ENTITY
	Rate	Add. Fee
Or	x 18	\$ ---
Or	x 86	\$ --
Or	+ 290	\$ ---
Or	Extension	\$ ---
	Total	\$ ---

* If the difference in Col. 1 is less than zero,
enter "0" in Col. 2.

Please charge my Deposit Account No. 11-1420 as follows:

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Number Paid Before" **IN THIS SPACE** is less than 20, write "20" IN THIS SPACE.
- *** If the "Number Paid Before" **IN THIS SPACE** is less than 3, write "3" in this space.

The "Number Paid Before" (Total or Independent Claims) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

☐ No fee is due.

☒ Please charge my Deposit Account No. 11-1420 as follows:

☒ Claims fee \$ 86.00

☐ Extension Fee \$

☒ Any additional fees associated with this paper.

☐ A check for --- is enclosed

-2- copies of this sheet are enclosed.

Respectfully Submitted,
KODA LAW OFFICE

Steven P. Koda 5/25/04
Steven P. Koda

Reg. No.: 32,252

Attorneys for Applicant

Telephone:
360-859-4013

RECEIVED

JUN 07 2004

Technology Center 2100